

MONTANA BOARD OF NURSING
(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE: (406) 841-2397

E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

Application to Retake NCLEX Examination for (check one):

☐ **Registered Nurse** ☐ **Practical Nurse**

If it has been longer than 1 year since your original application for licensure by exam, you must fill out the complete exam application rather than the re-exam application.

PLEASE PRINT OR TYPE

1. FULL NAME: _____
Last First Middle

2. SOCIAL SECURITY NUMBER: _____

3. E-MAIL ADDRESS (optional): _____
Providing an e-mail address will allow you to receive your exam results via e-mail. Without an e-mail address we will mail your exam results. We cannot give exam results over the telephone.

4. MAILING ADDRESS:

Street Address / P.O. Box

City State Zip

5. PHONE NUMBER: _____

6. ☐ I UNDERSTAND THAT I WILL NOT BE ABLE TO SCHEDULE A RETAKE OF THE NCLEX WITHIN 45 DAYS OF MY PREVIOUS ATTEMPT.

7. ☐ I HAVE INCLUDED PAYMENT FOR RE-EXAMINATION APPLICATION IN THE AMOUNT OF \$100.00 MADE PAYABLE TO **MONTANA BOARD OF NURSING**.

8. ☐ I HAVE RE-REGISTERED WITH PEARSONVUE TO RETAKE THE EXAM AND PAID ANY APPLICABLE FEES TO **PEARSONVUE** FOR ADMINISTERING THE RE-EXAM.

Signature

Date